

RUTHERFORD COUNTY
OCCUPANCY TAX

For Month/Year _____

Total Occ. Sales \$ _____

5 % Occupancy Tax \$ _____

Penalty \$ _____

Interest \$ _____

Total Due \$ _____

Date Paid _____

Check Number _____

RUTHERFORD COUNTY OCCUPANCY TAX REPORT
OCCUPANCY TAX - P.O. Box 143 - Rutherfordton, NC 28139

For Calendar Month _____, 20____ Due Date _____, 20____

MOTEL/HOTEL NAME & ADDRESS

SALES:

Total Occ. Sales _____

5 % Occupancy Tax _____

Penalty (See Instructions) _____

Interest _____

Total Due Rutherford Co. _____

CERTIFICATION: I certify that this report is to the best of my knowledge and belief a true and complete report. Report must be signed by Owner of Business or if a partnership by a partner, or if a Corporation by an authorized officer. Report must be filed by 20th of each month.

Signed _____ Title _____ Date _____ 20____

Make checks payable to Rutherford Co.

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